

EXHIBIT B



BACKGROUND REPORT AUTHORIZATION FORM

I hereby certify that I have received and read the FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT provided to me and that I understand the disclosure statement. I hereby authorize NOW Health Group, Inc., Argus Services, Inc. and their agents to obtain and review the "consumer report" or "investigative consumer report" on me described in the disclosure statement.

In addition I authorize the state of _____ to release a DMV report for employment purposes.

I release NOW Health Group, Inc., Argus Services, Inc., and their agents from all liability or claims of any kind that I may have arising from the "consumer report" or "investigative consumer report", the information it contains or the investigation from which such information is compiled. I further release all persons or entities from liability or claims that I may have arising from the furnishing of any information contained in the "consumer report" or "investigative consumer report".

The following is my true and complete legal name and all information is correct.

PLEASE PRINT LEGIBLY - Indicate all residences for the past 10 years

Avila Mario
Last Name First Name Middle Name

Maiden Name or other names used

Redacted

Redacted

Redacted

Date of Birth*	Social Security Number	Driver's License Number	State
Redacted			
Present Address	City	State	County
Redacted	Hickory Hills	FL	COOK
Former Address	City	State	County
Redacted	Chicago	IL	COOK

Former Address City State County Zip How long?

Signature Mario Avila

Date 08/13/13

*This information is required for identification purposes only and is in no manner used as qualifications for employment. NOW Health Group, Inc. is an Equal Opportunity Employer and does not discriminate on the basis of sex, race, religion, age, handicap, national origin or any other characteristic protected by law.

NOW Health Group, Inc.
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